



## TMT INVESTIGATION REPORT

Patient Name : <b>ANKIT MALHOTRA</b>	Location : Ghaziabad
Age/Sex : 33Year(s)/male	Visit No : V0000000001-GHZB
MRN No : 10209697	Order Date : 22/07/2023
Ref. Doctor : HCP	Report Date : 22/07/2023

<b>Protocol</b> : Bruce	<b>MPHR</b> : 187BPM
<b>Duration of exercise</b> : 7min 14sec	<b>85% of MPHR</b> : 158BPM
<b>Reason for termination</b> : THR achieved	<b>Peak HR Achieved</b> : 160BPM
<b>Blood Pressure (mmHg)</b> : Baseline BP : 106/62mmHg	<b>% Target HR</b> : 85%
Peak BP : 120/70mmHg	<b>METS</b> : 8.9METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	58	106/62	Nil	No ST changes seen	Nil
STAGE 1	3:00	115	106/62	Nil	No ST changes seen	Nil
STAGE 2	3:00	137	114/62	Nil	No ST changes seen	Nil
STAGE 3	1:14	160	120/70	Nil	No ST changes seen	Nil
RECOVERY	3:02	90	110/70	Nil	No ST changes seen	Nil

### COMMENTS:

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

### IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
MD  
Cardiology Registrar

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Page 1 of 2

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## RADIOLOGY REPORT

NAME	ANKIT MALHOTRA	STUDY DATE	22/07/2023 9:26AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH010209697
ACCESSION NO.	R5843920	MODALITY	US
REPORTED ON	22/07/2023 10:08AM	REFERRED BY	HEALTH CHECK MGD

### USG ABDOMEN & PELVIS FINDINGS

LIVER: appears normal in size (measures 124 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 86 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11.4 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.1 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 88 x 35 mm.

Left Kidney: measures 88 x 39 mm. It shows a concretion measuring 3.3 mm at mid calyx.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 36 x 28 x 27 mm with volume 15 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

### IMPRESSION

- Diffuse grade I fatty infiltration in liver.
- Left renal concretion.

Recommend clinical correlation.

*Prabhat*

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)

CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

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This report is subject to the terms and conditions mentioned overleaf



## RADIOLOGY REPORT

NAME	ANKIT MALHOTRA	STUDY DATE	22/07/2023 9:07AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH010209697
ACCESSION NO.	R5843919	MODALITY	CR
REPORTED ON	22/07/2023 9:11AM	REFERRED BY	HEALTH CHECK MGD

## XR- CHEST PA VIEW

## FINDINGS:

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

## IMPRESSION:

-No significant abnormality seen.

*Please correlate clinically*

Prabhat

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)

CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*

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## LABORATORY REPORT

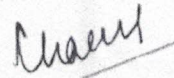
Name : ANKIT MALHOTRA Age : 33 Yr(s) Sex : Male  
Registration No : MH010209697 Lab No : 202307002551  
Patient Episode : H18000000728 Collection Date : 22 Jul 2023 09:00  
Referred By : HEALTH CHECK MGD Reporting Date : 22 Jul 2023 14:23  
Receiving Date : 22 Jul 2023 09:00

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	89.0	mg/dl	[70.0-110.0]

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-----END OF REPORT-----



Dr. Charu Agarwal  
Consultant Pathologist



## LABORATORY REPORT

Name	: ANKIT MALHOTRA	Age	: 33 Yr(s) Sex :Male
Registration No	: MH010209697	Lab No	: 202307002552
Patient Episode	: H18000000728	Collection Date	: 22 Jul 2023 12:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 22 Jul 2023 17:07
Receiving Date	: 22 Jul 2023 12:42		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Specimen: Plasma			
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS</b>	<b>73.0 #</b>	<b>mg/dl</b>	<b>[80.0-140.0]</b>
Method: Hexokinase			

**Note:**  
 Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

-----END OF REPORT-----

*Alka*

**Dr. Alka Dixit Vats**  
 Consultant Pathologist



## LABORATORY REPORT

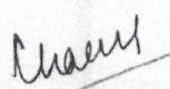
Name : ANKIT MALHOTRA Age : 33 Yr(s) Sex : Male  
 Registration No : MH010209697 Lab No : 202307002550  
 Patient Episode : H18000000728 Collection Date : 22 Jul 2023 09:00  
 Referred By : HEALTH CHECK MGD Reporting Date : 22 Jul 2023 14:22  
 Receiving Date : 22 Jul 2023 09:39

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.79	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.16	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.63	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.17	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.40	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.22		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	26.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	34.30	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC	57.0	IU/L	[32.0-91.0]
GGT	18.0	U/L	[7.0-50.0]

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-----END OF REPORT-----

  
 Dr. Charu Agarwal



## LABORATORY REPORT

Name : ANKIT MALHOTRA Age : 33 Yr(s) Sex : Male  
 Registration No : MH010209697 Lab No : 202307002550  
 Patient Episode : H18000000728 Collection Date : 22 Jul 2023 09:00  
 Referred By : HEALTH CHECK MGD Reporting Date : 22 Jul 2023 17:21  
 Receiving Date : 22 Jul 2023 09:39

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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#### KIDNEY PROFILE

Specimen: Serum

UREA	21.0	mg/dl	[15.0-40.0]
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Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN	9.8	mg/dl	[8.0-20.0]
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Method: Calculated

<b>CREATININE, SERUM</b>	<b>1.24 #</b>	<b>mg/dl</b>	<b>[0.70-1.20]</b>
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Method: Jaffe rate-IDMS Standardization

URIC ACID	4.2	mg/dl	[4.0-8.5]
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Method: uricase PAP

<b>SODIUM, SERUM</b>	<b>134.50 #</b>	<b>mmol/L</b>	<b>[136.00-144.00]</b>
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POTASSIUM, SERUM	4.02	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	102.4	mmol/L	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	75.9	ml/min/1.73sq.m	[>60.0]
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Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.



## LABORATORY REPORT

Name : ANKIT MALHOTRA Age : 33 Yr(s) Sex : Male  
 Registration No : MH010209697 Lab No : 202307002550  
 Patient Episode : H18000000728 Collection Date : 22 Jul 2023 09:00  
 Referred By : HEALTH CHECK MGD Reporting Date : 22 Jul 2023 14:22  
 Receiving Date : 22 Jul 2023 09:39

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Serum LIPID PROFILE</b>			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	207 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
T GLYCERIDES (GPO/POD)	85	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	54.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	17	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	136.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.5		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.



## LABORATORY REPORT

**Name :** ANKIT MALHOTRA **Age :** 33 Yr(s) Sex : Male  
**Registration No :** MH010209697 **Lab No :** 32230708377  
**Patient Episode :** H18000000728 **Collection Date :** 22 Jul 2023 21:47  
**Referred By :** HEALTH CHECK MGD **Reporting Date :** 24 Jul 2023 08:58  
**Receiving Date :** 22 Jul 2023 22:10

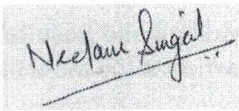
### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Specimen Type : Serum</b>			
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ECLIA)	0.76	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	5.93	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.930	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

- \* References ranges recommended by the American Thyroid Association  
 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128  
 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

-----END OF REPORT-----



**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



## LABORATORY REPORT

**Name** : ANKIT MALHOTRA **Age** : 33 Yr(s) Sex : M  
**Registration No** : MH010209697 **Lab No** : 202307002550  
**Patient Episode** : H18000000728 **Collection Date** : 22 Jul 2023 09:00  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 24 Jul 2023 09:54  
**Receiving Date** : 22 Jul 2023 09:39

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.69	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.9	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	44.5	%	[40.0-50.0]
MCV (DERIVED)	94.9	fL	[83.0-101.0]
MCH (CALCULATED)	31.8	pg	[27.0-32.0]
MCHC (CALCULATED)	33.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.8	%	[11.6-14.0]
Platelet count	155	$\times 10^3$ cells/cumm	[150-400]
MPV (DERIVED)	13.2		
WBC COUNT (TC) (IMPEDENCE)	5.90	$\times 10^3$ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	52.0	%	[40.0-80.0]
Lymphocytes	38.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	4.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	5.0	mm/1sthour	[0.0-10.0]



## LABORATORY REPORT

**Name** : ANKIT MALHOTRA **Age** : 33 Yr(s) Sex : M  
**Registration No** : MH010209697 **Lab No** : 202307002550  
**Patient Episode** : H1800000728 **Collection Date** : 22 Jul 2023 09:00  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 23 Jul 2023 14:06  
**Receiving Date** : 22 Jul 2023 09:39

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.1	%	[0.0-5.6]
Method: HPLC			
			As per American Diabetes Association (ADA)
			HbA1c in %
			Non diabetic adults >= 18years <5.7
			Prediabetes (At Risk )5.7-6.4
			Diagnosing Diabetes >= 6.5
Estimated Average Glucose (eAG)	100	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

#### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

#### CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



**LABORATORY REPORT**

Name : ANKIT MALHOTRA Age : 33 Yr(s) Sex : M

Registration No : MH010209697 Lab No : 202307002550

Patient Episode : H18000000728 Collection Date : 22 Jul 2023 09:39

Referred By : HEALTH CHECK MGD Reporting Date : 23 Jul 2023 08:52

Receiving Date : 22 Jul 2023 09:39

### CLINICAL PATHOLOGY

#### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	NIL	/hpf
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

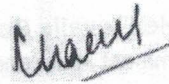
**Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood**

**Blood Group & Rh typing A Rh(D) Positive**

#### Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate gel technique.

-----END OF REPORT-----



**Dr. Charu Agarwal**  
Consultant Pathologist



33 years  
Male

Asian

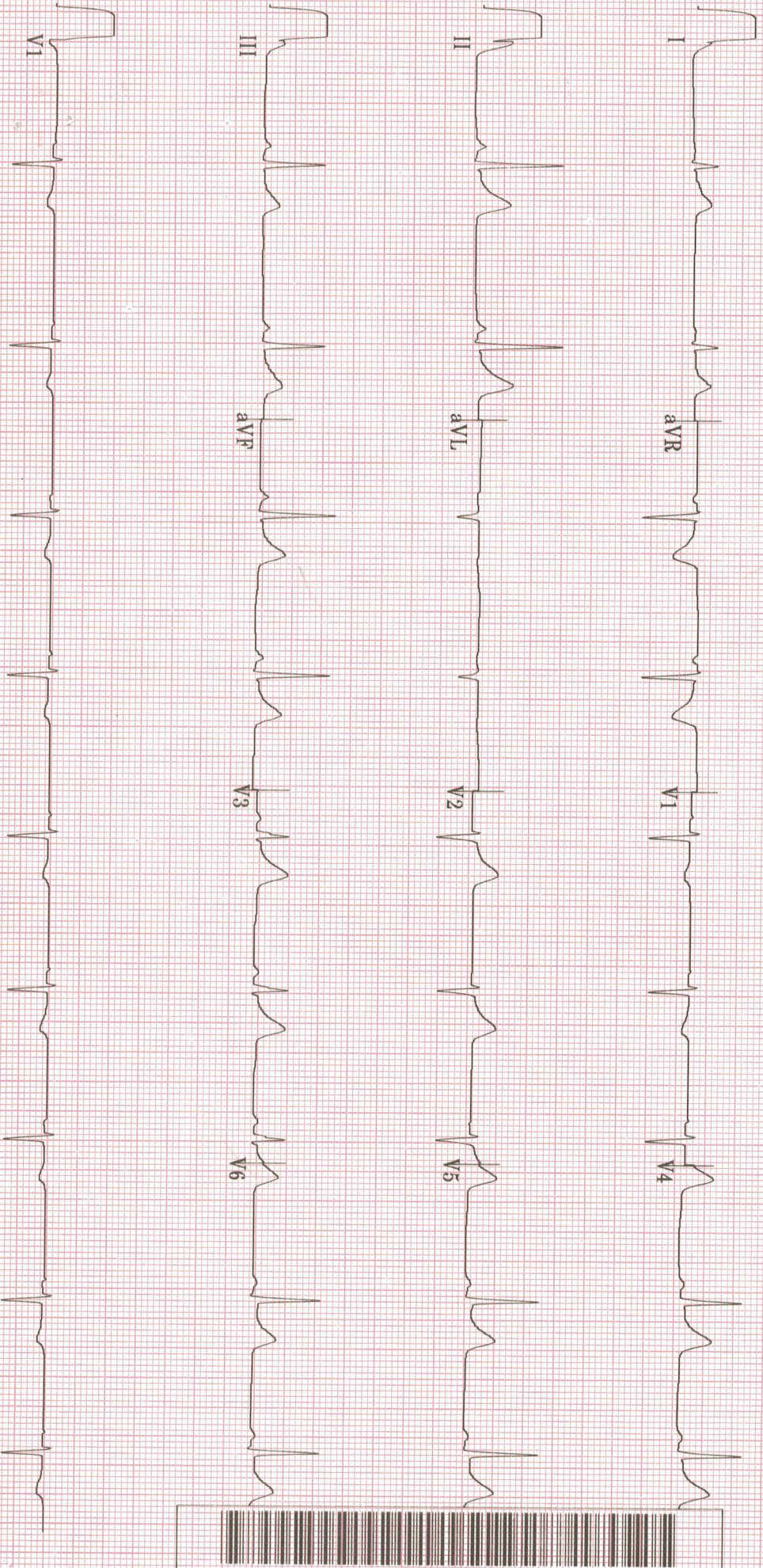
Vent. rate 56 bpm  
PR interval 132 ms  
QRS duration 80 ms  
QT/QTc 394/380 ms  
P-R-T axes 77 77 65

Sinus bradycardia  
Early repolarization  
Otherwise normal ECG

Technician:  
Test ind.

Referred by: hep

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm 1d

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